

NH Public Utilities Commission

REC Aggregator Portal

New Users [CLICK HERE](#) to setup your account for this form. Creating an account enables you to partially complete the form and return later to finish it or to make changes after the form is submitted. Be sure to create your account **BEFORE** entering information into the form, or the information will be lost.

Existing Users [CLICK HERE](#)

Basic Information

Who is submitting this request?

Aggregator Batch Number

Are you registered in NH

- ☒ Yes
☐ No

Aggregator name

NH Reg #

Aggregator Email

Other Aggregator name

Other aggregator email address

Facility Name

Facility Owner Name

Facility Owner email

rwmurray49@gmail.com

Owner Phone

978-270-0062

Facility Address

3 Governor Powell Dr.

Facility Town/City

Hampton Falls

Facility State

NH

Facility Zip

03844

Is the facility address the same as the owner's mailing address

☒ Yes

☐ No

Mailing Address

Mailing Town/City

Mailing State

Mailing Zip

Primary Contact

Karen Tenneson

Primary Contact

Facility Primary Contact

karenton@knollwoodenergy.com

Other Email Address

Facility Information

Class

Utility

Other Utility Name

To obtain a GIS ID contact:

James Webb

408 517 2174

jwebb@apx.com

GIS ID (include "NON")

Date of Initial Operation

Facility Operator Name, if applicable

Panel Make #1

Panel Model

Panel Quantity

Panel Rated Output

More Panel types?

- ☒ No
☐ Yes

Panel Make #2

Panel Model

Panel Quantity

Panel Rated Output

More Panel types?

- ☒ No
☐ Yes

Panel Make #3

Panel Model

Panel Quantity

Panel Rated Output

System capacity based on panels

Inverter Quantity

Inverter Make

Add'l Inverter Quantity

Additional Inverter Make

Rated Output - Primary Inverter

600

Rated Output - Additional Inverter

System capacity based on single inverter make

600

System capacity based on two inverter types

System capacity in kW as stated on the interconnection agreement

6.0

Revenue Grade Meter Make

Focus

Was this facility installed directly by the customer (no electrician involved)?

☐ Yes

☒ No

Electrician Name & Number

Megin Ulin 13139M

Other Electrician Name & Number

Installation Company

ReVision Energy

Other Installation Company Name

Other Inst. Company Address

Other Inst. Company City

Other Inst. Company State

Other Inst. Company Zip

Independent Monitor Name & Company

Paul Button - Energy Audits Unlimited

Other Monitor Name and Company

Is the installer also the equipment supplier?

- ☒ Yes
☐ No

Equipment Vendor

Please attach your completed interconnection agreement including Exhibit B.

https://fs30.formsite.com/jan1947/files/f-5-99-6716363_dexm2hLK_Executed_COC-Murray.pdf

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Please attach additional document here

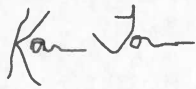
https://fs30.formsite.com/jan1947/files/f-5-168-6716363_mCunoOcg_Robert_Murray_contract_part_3_

Please attach additional document here

https://fs30.formsite.com/jan1947/files/f-5-173-6716363_667HZIsR_Robert_Murray_-_SPIA.pdf

Aggregator statement of accuracy

Sign your name using a mouse or, if you are using a touch-screen device, a stylus or other pointer.

A handwritten signature in black ink, appearing to read "Karen Tonnesen", is centered within a rectangular box.

Print Name

Karen Tonnesen

Date Signed

05/05/2016

UNITIL ENERGY SYSTEMS, INC. hereinafter as "UNITIL"
NH INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: 1/8/16

Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)

Customer or Company Name (print): Robert and Marilyn Murray Contact Person, if Company: _____

Mailing Address: 3 Gov Powell Drive

City: Hampton Falls State: NH Zip Code: 03844

Telephone (Daytime): 978-270-0062 (Evening): _____

Facsimile Number: _____ E-Mail Address: rwmmurray49@gmail.com

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):

Name: ReVision Energy

Mailing Address: 7 Commercial Dr

City: Exeter State: NH Zip Code: 03833

Telephone (Daytime): 603-679-1777 (Evening): _____

Facsimile Number: _____ E-Mail Address: mulin@revisionenergy.com

Electrical Contractor Contact Information (if appropriate):

Name: Same as Alternative Contact Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Facility Information:

Address of Facility: Same as above

City: _____ State: _____ Zip Code: _____

Electric Service Company: Unitil Account Number: 2204939-2089452 Meter Number: 135587

Inverter Manufacturer: SolarEdge Model Name and Number: SE6000A-US Quantity: 1

Nameplate Rating: 6.0 (kW) _____ (kVA) 240 (AC Volts) Single X or Three _____ Phase

System Design Capacity: 6.0 (kVA) _____ (kVA)

Net Metering: If renewably fueled, will the account be Net Metered? Yes X No _____

Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other _____

Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other _____

UL 1741.1 (IEEE 1547.1) Listed? Yes X No _____

Estimated Install Date: Mar 2016 Estimated In-Service Date: Apr 2016

Customer Signature

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page:

Interconnecting Customer Signature: Robert W. Murray Title: Homeowner Date: Jan 13, 2016

Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.

Approval to Install Facility (For Company use only)

Installation of the Facility is approved contingent upon the terms and conditions of this Agreement and agreement to any system modifications, if required (Are system modifications required? Yes _____ No ✓ To be determined _____):

Company Signature: [Signature] Title: M62 Dist. Date: JAN 25, 2016

Company waives inspection/Witness Test? Yes _____ No _____

New Hampshire PUC REC Certification Application Owner Statements

The information provided on this application for New Hampshire Renewable Energy Certificate eligibility is accurate to the best of my knowledge and I authorize Knollwood Energy to act on my behalf in filing said application.

The project described in this application will meet the metering requirements of PUC 2506 including:

Electricity generation in megawatt hours shall be reported to the GIS quarterly with a statement that the submission is accurate by the owner of the source, the independent monitor, or a designated representative.

A revenue quality meter is used to measure the electricity generated.

The facility owner has certified to the independent monitor that the meter operates according to manufacturing standards.

The meter shall be maintained according to the manufacturer's recommendations.

The project is installed and operating in conformance with applicable building codes.

A copy of the facility's interconnection agreement is attached.

Robert Murray

Printed Name of signature owner

Robert Murray
Robert Murray (May 3, 2016)

Signature of system owner



UNITIL ENERGY SYSTEMS, INC.
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

☐ Check if owner-installed

Customer(print): Robert and Marilyn Murray
Mailing Address: 3 Gov Powell Drive
City: Hampton Falls State: NH Zip Code: 03844
Telephone (Daytime): 978-270-0062 (Evening): _____
Facsimile Number: _____ E-Mail Address: rwmmurray49@gmail.com

Address of Facility (if different from above): _____
City: _____ State: _____ Zip Code: _____

Electrical Contractor's Name (if appropriate): ReVision Energy
Mailing Address: 7 Commercial Drive
City: Brentwood State: NH Zip Code: 03833
Telephone (Daytime): 603-679-1777 (Evening): _____
Facsimile Number: _____ E-Mail Address: sbogue@revisionenergy.com
License number: 13139M

Date of approval to install Facility granted by the Company: 1/26/2016

Application ID number: GID # 1819

Inspection:

The system has been installed and inspected in compliance with the local Building Electrical Code of

Hampton Falls, NH
(City/County)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): [Signature]

Name (printed): Mark R. Sikorski

Date: 3/31/16

As a condition of interconnection you are required to send/fax a copy of this form to:

Generator Interconnection Applications
Unitil
325 West Road
Portsmouth, NH 03801
Fax: 603-294-5226